

**Update on the Task Force Report
(1987) on
High Blood Pressure in
Children and Adolescents:
A Working Group Report Form the
National High Blood Pressure
Education Program**

Members of the Working Group

Bonita Falkner, M.D., Chair

Stephen R. Daniels, M.D., Ph.D.

Michael J. Horan, M.D., Sc.M.

Jennifer M.H. Loggie, M.D.

Ronald J Prineas, M.D., Ph.D.

Edward J. Roccella, Ph.D., M.P.H.

Bennard Rosner, Ph.D.

Alan R. Sinaiko, M.D.

staff

Darrell E. Anderson, M.S.

Purpose of the Report

- **To update information in the Second Task Force Report (1987)**
- **To update practitioners on new data on blood pressure in children**
- **To call attention to modifications recommended for the diagnosis, management, and prevention of hypertension in children.**

Hypertension in Children and Adolescents

- Hypertension follows a familial pattern.
- There is a low prevalence of hypertension in children.
- Elevated BP in childhood correlates with hypertension in early adulthood.
- Most primary hypertension in children is due to obesity.

Classification of Blood Pressure in Children

- **Normal BP = SBP and DBP < 90th percentile for age, sex, and height**
- **High-normal BP = SBP or DBP between 90th and 95th percentile**
- **Hypertension = SBP or DBP > 95th percentile on three separate occasions**

Method of Blood Pressure Measurement in Children

Recommended

- **Auscultation**

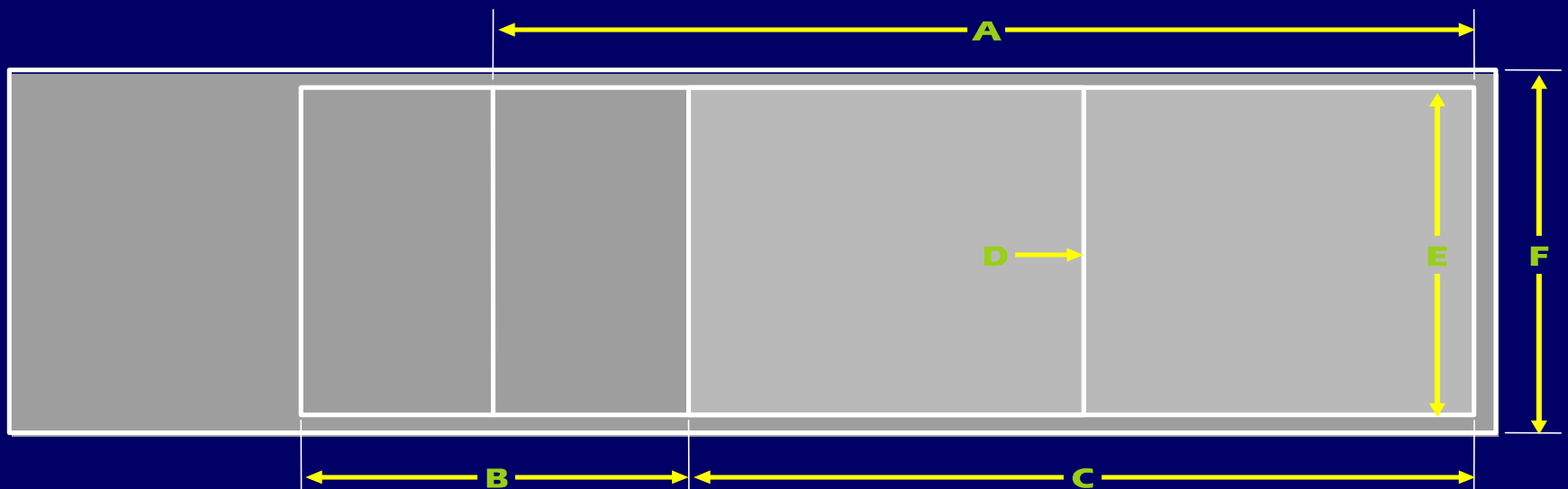
Not Recommended in Office/Clinic

- **Automated devices***
- **Ambulatory BP monitoring****

***Expense and calibration issues**

****Insufficient normative data**

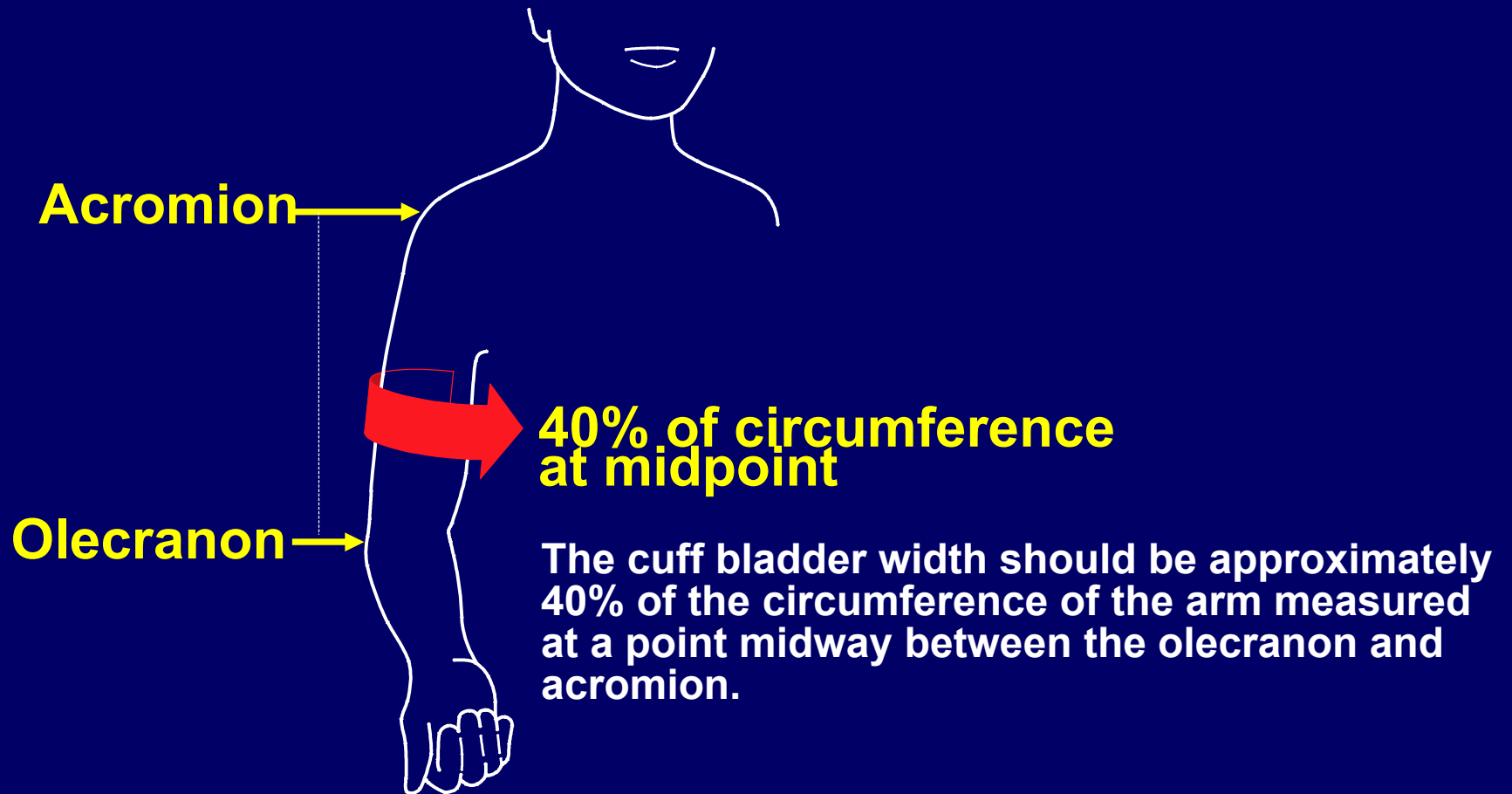
Measurement of Blood Pressure in Children



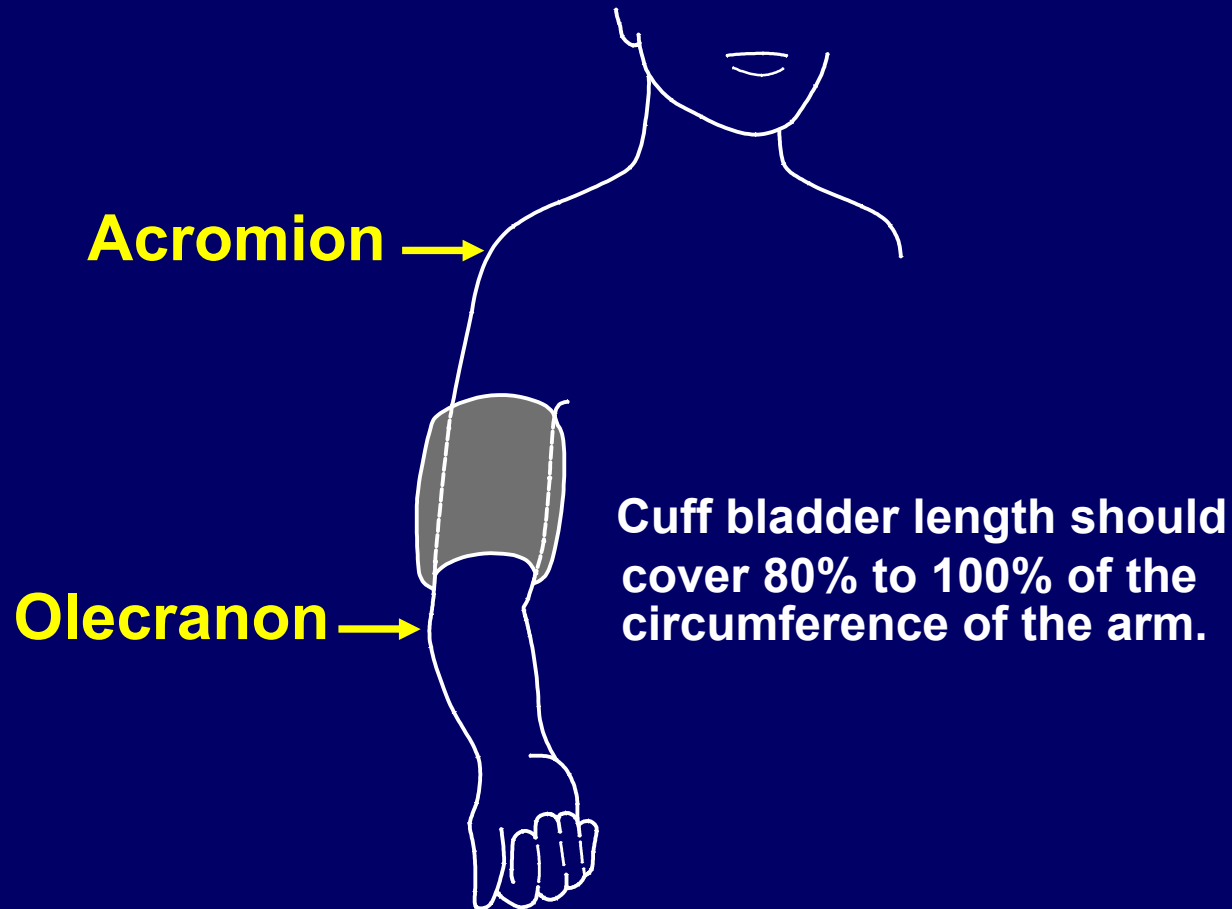
**A: Ideal arm circumference; B: Range of acceptable arm circumferences;
C: Bladder length; D: Midline of bladder; E: Bladder width; F: Cuff width**

Source: Perloff D et al. Human blood pressure determination by sphygmomanometry. Circulation. 1993;88:2460-2467. Copyright© 1993 American Heart Association. Reproduced with permission.

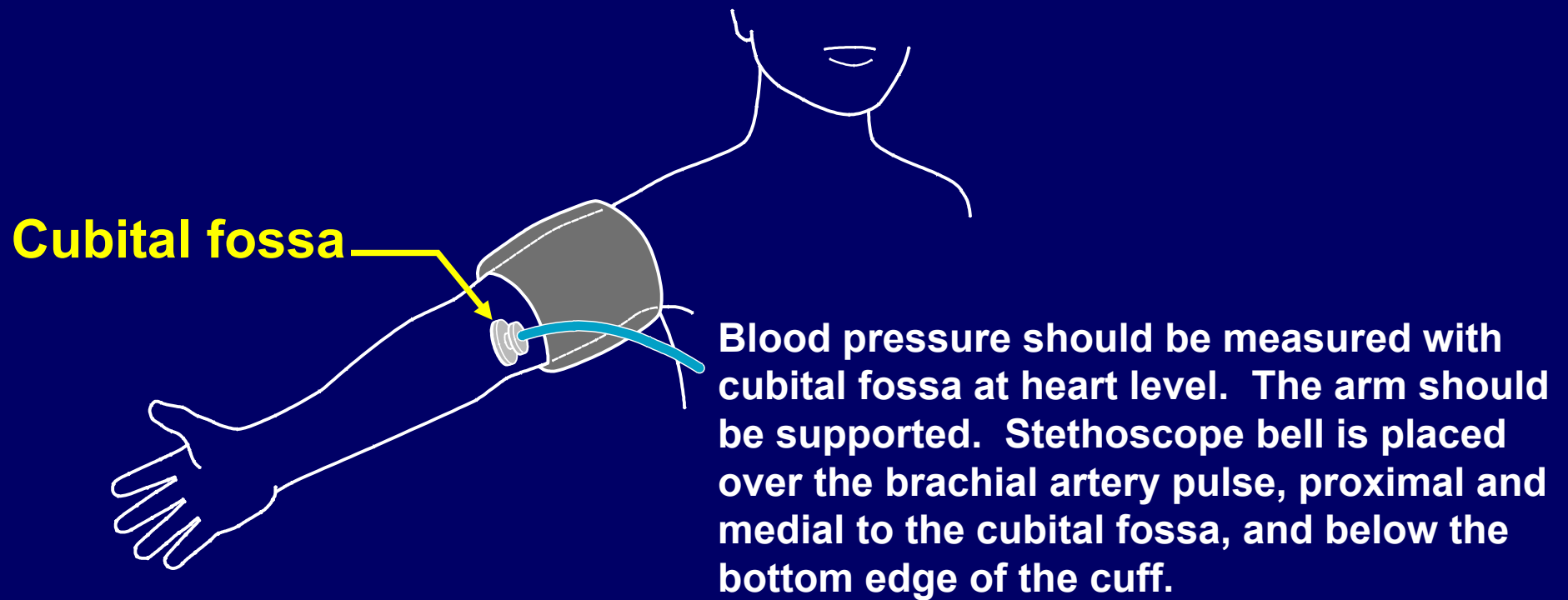
Measurement of Blood Pressure in Children



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Measurement of Blood Pressure in Children

- **Diastolic blood pressure is determined by the onset of the fifth phase (K5) of Korotkoff sounds (silence).**
- **For BP measurements in infants, refer to the Second Task Force report**